

Please Read Instructions:

TRANSCRIPT ORDER

DUE DATE:

1. NAME Sabrina Streusand			2. PHONE NUMBER (512) 236-9901	3. DATE 11/5/2019
4. DELIVERY ADDRESS OR EMAIL 1801 S. MoPac Expressway, Suite 320			5. CITY Austin	6. STATE TX
8. CASE NUMBER 19-10926	9. JUDGE T. Davis	7. ZIP CODE 78746		
			DATES OF PROCEEDINGS 10. FROM 11/5/2019 11. TO 11/5/2019	
12. CASE NAME In re Orly Genger			LOCATION OF PROCEEDINGS 13. CITY Austin 14. STATE TX	
15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input checked="" type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER				

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input checked="" type="checkbox"/> CLOSING ARGUMENT (Plaintiff)	11/5/19 at 11 a.m.	<input type="checkbox"/> PRE-TRIAL PROCEEDING (Spcy)	
<input checked="" type="checkbox"/> CLOSING ARGUMENT (Defendant)	11/5/19 at 11 a.m.		
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> JURY INSTRUCTIONS		<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING			
<input type="checkbox"/> BAIL HEARING			

17. ORDER

CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			

CERTIFICATION (18. & 19.)
By signing below, I certify that I will pay all charges
(deposit plus additional).

ESTIMATE TOTAL

0.00

18. SIGNATURE



PROCESSED BY

19. DATE

11-5-2019

PHONE NUMBER

TRANSCRIPT TO BE PREPARED BY

COURT ADDRESS

ORDER RECEIVED	DATE	BY		
DEPOSIT PAID			DEPOSIT PAID	
TRANSCRIPT ORDERED			TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED			LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	0.00